

COMMONWEALTH OF KENTUCKY
Motor Vehicle Commission
Frankfort, Kentucky 40622

Dear Applicant:

The enclosed is furnished in response to your request for an application for a motor vehicle dealer's license. It is essential that the instructions contained in this letter and in the application form be followed in detail in order to insure timely processing of your application. *All applications must be typewritten or legibly printed.* Incomplete applications will be returned to applicant.

Item #1 – Refers to the type of license required. (See attached definitions of licenses). A dealer may require more than one license depending upon the scope of his business. For example, a franchised new motor vehicle dealer who also leases vehicles would place a mark in the bracket next to " New Motor Vehicle Dealer" and in the bracket next to " Motor Vehicle Leasing Dealer". The fee in this case would be two hundred (\$200) dollars.

-A dealer who sells an operable, road-worthy used motor vehicle, which is on a regular or rebuilt title, must have a "Used" or "Wholesale" motor vehicle dealer license. If that dealer also dismantles, salvages, or recycles salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, he must also have the "Restricted/Automotive Recycling Dealer" license, in addition to the other license(s).

-A dealer who sells vehicles with regular or rebuilt titles, and who also dismantles, salvages, or recycles salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, must have both endorsements on the license, if he carries on both activities at the same location. If he sells motor vehicles from one lot and recycles vehicles to harvest parts at another, a separate license must be obtained for each location.

Item #2 – Revenue Cabinet sales tax permit number may be obtained by visiting 200 Fair Oaks, Frankfort, or by writing the Revenue Cabinet. The telephone number for that office is (502) 564-3306.

Item #3 – The trade name under which the dealership will be operated must incorporate the words " used cars," " auto sales," "auto mart," "motor sales," or other similar wording which clearly identifies the business as a motor vehicle sales business. This trade name must be the exact wording as that listed in the dealership sign (retail only) and on your insurance filing. It is much simpler for you to operate under your own name (such as John B. Jones Auto Sales). However, if you wish to use an assumed name you must provide the following: (A) Sole proprietor applicants wishing to operate under an assumed name must submit a certified copy of an assumed name certificate (the certification is performed by the county clerk and the form is included in this application package), (B) All corporations and partnerships wishing to operate under an assumed name must file an assumed name certificate with the Office of the Secretary of State and with the County Clerk and furnish a copy with your application to this office along with Articles of Incorporation; (the telephone number of the Office of the Secretary of State is (502) 564-3490).

Item #4 – List the name(s) and percentage(s) of ownership of each owner, partner or corporate officer.

Item #5 – The address of the established place of business must identify the exact location of the business and must also have a mail drop. "Established place of business", as defined in Chapter 190 of the Kentucky Revised Statutes means: " a permanent, enclosed, commercial building located within this state easily accessible and open to the public at all reasonable times, and at which the business of a vehicle dealer, including the display and repair of vehicles, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances."

Item #6, #7, #8, #9, #10 – Self-Explanatory.

Page 2 – Financial Statement. Complete the financial statement in detail, as accurately and as completely as possible. Improperly completed statements will cause a delay in approving the license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, put a statement to that effect on the financial statement. In addition to the financial statement, the applicant may be required to post a bond in any amount not less than fifteen thousand dollars (\$15,000.00).

Page 3 – Make sure photos submitted are in color and of good quality. Wholesale applicants may omit the photo number one.

Page 4, 5 – The Personal Data Form and Waiver Release Form may be reproduced if required for additional partners or corporate officers.

Page 6, 7, 8, 9 – Self-Explanatory.

Page 10 – Only those applicants for the Restricted/Automotive Recycling Dealer license need provide the information specified on this page.

The insurance form furnished with this application, is for your convenience. **Your insurance need not be in effect prior to approval of your application.**

Additionally, license fees will not be collected prior to approval of your application.

Two blank salesperson forms are enclosed for your convenience. Each dealer is required to have at least one licensed salesperson, regardless if it is the owner or another person. The salesperson license should be typed and returned with your application package. **However, do not remit the fees until requested to do so by this office.**

SEPARATION OF FACILITIES - If you or any other person conducts another business from the location for which the dealer license is issued or applied for, your display lot/customer parking area must be separate and apart from what is used for the other business(es). Your office need not be a separate walled enclosure, but it must be a separate defined area with office furnishings. If there is any question about separation, the Commission may require a physical barrier to be installed between the different businesses.

SUPPLEMENTAL LOT APPLICATIONS - *For New Vehicle Dealers only, when applying for a used car sales lot which is not immediately adjacent to the main dealership*, if you are applying for a Supplemental Lot License, you **NEED NOT** fill out pg. 4, 4a, 5 or 5a of the application. If the Supplemental Lot is operated under the same name as the main dealership, page 7 and 7a need not be filled out.

A dealer who operates at more than one location must have a dealer license for each location.

Upon completion of the application, mail to this office with a processing fee of forty dollars (\$40.00); in addition, enclose another fee of ten dollars (\$10.00) for each owner, partner or corporate officer listed on page one of the application. Make all checks out to "Kentucky State Treasurer". Each application will be reviewed to determine completeness. The Motor Vehicle Commission meets once a month and applicants will be notified by mail of the Commission's decision.

Sincerely,

Motor Vehicle Commission
407 Wapping Street
Frankfort, Kentucky 40622
(502) 564-3750

NOTE: Your application must be received at least ten (10) days prior to the Commission Meeting at which it is to be considered. The Commission meets the second Friday of each month.

The Kentucky Motor Vehicle Commission does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, program and activities.

Definitions

1. **New motor vehicle dealer** means a vehicle dealer who deals who holds a valid sales and service agreement, franchise, or contract, granted by the manufacturer, distributor, or wholesaler for the sale manufacturer's new motor vehicles.
2. **Used motor Vehicle dealer** means any person engaged in the business of selling at retail, displaying, offering for sale or dealing in used motor vehicles, but does not mean any person engaged in the business of dismantling, salvaging, or rebuilding motor vehicles by means of using parts, or any public officer performing his official duties.
3. **Motor vehicle leasing dealer** means any person engaged in the business of regularly making available, offering to make available, or arranging for another person to use a motor vehicle pursuant to a bailment, lease, or other contractual arrangement under which a charge is made for its use at a periodic rate for at least a monthly term, and title to the motor vehicle is in a person other than the user, but does not mean a manufacturer or its affiliate leasing to its employees or to dealers.
4. **Supplemental lot** – a supplemental lot license is required for each used car lot operated by a new motor vehicle dealer that is not immediately adjacent to the main dealership or branch.
5. **Wholesale motor vehicle dealer** means a dealer who sells to other licensed dealers only. Retail sales to the general public are prohibited.
6. **Motor vehicle auction dealer** means any person primarily engaged in the business of offering, negotiating, or attempting to negotiate a sales, purchase, or exchange of a motor vehicle through action.
7. **Motor vehicle salesperson** means any person who is employed as a salesperson by a motor vehicle dealer to sell motor vehicles, or who is employed as an autioneer by a motor vehicle auction dealer to sell motor vehicles at auction.
8. **Assumed Name Certificate** – The certificate on page 7 is required of any sole proprietorship doing business under any name other than one which uses the last name of the owner. Partnerships or corporations, use assumed name certificate on page 7A.
9. **Restricted/Automotive Recycling Dealer** means a motor vehicle dealer who exclusively sells, offers to sell, solicits or advertises specialized motor vehicles such as but not limited to, funeral coaches and emergency vehicles.
10. **Restricted/Automotive Recycling Dealer** means any person engaged in the business of dismantling, salvaging, or recycling salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation.
11. **Motorcycle dealer** means a motor vehicle dealer who exclusively sells, offer to sell, solicits or advertises motorcycles. Motorcycle for resale, reuse, or reclamation.
12. **Established place of business** means a permanent, enclosed commercial building located within this state easily accessible and open to the public at all reasonable times, and at which the business of a motor vehicle dealer, including the display and repair of vehicles, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

Commonwealth of Kentucky
MOTOR VEHICLE COMMISSION
Frankfort, Kentucky 40622

Application for Motor Vehicle Dealer's License

This application must be completed in detail and **typed or legibly printed**. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application. An incomplete application will be returned.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership under an assumed name; the officers and directors of the corporation operating under the corporate name or an authorized assumed name, and any person with an ownership interest in the proposed business.

New Application _____ Change of Location _____ Change of Ownership _____

Check Each License Required

- | | | | |
|------------------------------|-----------|---|-----------|
| 1. New Motor Vehicle Dealer | () \$100 | Wholesale Motor Vehicle Dealer | () \$100 |
| Used Motor Vehicle Dealer | () \$100 | Motor Vehicle Auction Dealer | () \$100 |
| Motor Vehicle Leasing Dealer | () \$100 | Motorcycle Dealer | () \$100 |
| Supplemental Lot | () \$100 | Restricted Dealer | () \$100 |
| | | Restricted /Automotive Recycling Dealer | () \$100 |

2. Revenue Cabinet Sales Tax Permit Number _____
3. Give name of dealership _____
 - (a) Sole proprietor applicants wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate along with proof of filing with the county clerk.
 - (b) All other applicants (corporation, partnerships, etc.) wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State, and county clerk.
 - (c) All corporations must furnish a copy of the Articles of Incorporation, along with proof of filing with the Secretary of State.
4. Name of owner or partners (all). Owners, partners or corporate officers indicate percent of business owned:
_____% _____%
_____% _____%
5. Address of establishment place of business, as defined in Chapter 190: (the mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number.
Street _____ City _____ County _____
Zip Code _____ Business telephone number(s) _____ Fax _____
Has the above described address been previously utilized as a motor vehicle dealership, and if so, under what name, and date of last license _____
6. If business is located outside of the city limits, the following information must be furnished: Miles from city limits _____, in which direction _____, Highway Number _____
7. Are you a franchised new motor vehicle dealer? Yes _____ No _____ If "yes," attach manufacturer authorization. If yes, what lines or makes are you franchised? _____
8. Do you own the property occupied by the proposed dealership? Yes _____ No _____
If the property is not owned by the dealership, a copy of the lease must be attached to this application. The lease must reveal the names and addresses of the lessee and the lessor.
9. Dimensions of lot used exclusively in the business _____;
material of which display/storage lot is covered _____;
size of office _____
10. Is any other business operated from this location? Yes _____ No _____ If yes, give nature of business, business name and owner name: _____ (physical separation from other business will be required.)

FINANCIAL STATEMENT

Note: It is very important to complete this statement as accurately and completely as possible. Improperly completed statements can cause a delay in approving your license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, supply a separate statement attesting to that fact. Let your bookkeeper/banker review for accuracy. If additional space is needed, include on separate sheet.

A. BUSINESS ASSETS (Of assets and liabilities listed above, include in this section only those amounts which are dedicated to the operation of the proposed vehicle sales business.)

1. For each business owned other than the proposed motor vehicle sales business, provide a complete and current set of financial statements.

For the proposed motor vehicle sales business, provide the following complete and current account of all assets now available for its operation.

	<u>Amount</u>
2. Business Cash Name of Bank _____ Account# _____	\$ _____
3. Accounts And Notes Receivable	\$ _____
4. Motor Vehicle Inventory (Current average wholesale value from standard publication)	\$ _____
5. Machinery, Equipment, Parts, Furniture, Fixtures	\$ _____
6. Business Real Estate Location _____ Your Cost \$ _____	\$ _____
7. Other Business Assets A. Description _____	\$ _____
B. Description _____	\$ _____
8. TOTAL BUSINESS ASSETS (Add lines 2 through 7)	\$ _____

B. BUSINESS LIABILITIES/DEBT

For the proposed motor vehicle sales business, provide the following complete and current account of all liabilities/debts for which the business is obligated.

	<u>Amount</u>
9. Notes And Accounts Payable	\$ _____
10. Unsecured Bank Loans a. Bank _____ Account # _____	\$ _____
b. Bank _____ Account # _____	\$ _____
11. Secured Bank Loans a. Bank _____ Account # _____	\$ _____
b. Bank _____ Account # _____	\$ _____
12. Real Estate Mortgage(s) a. Bank _____ Account # _____	\$ _____
b. Bank _____ Account # _____	\$ _____
13. Taxes Payable	\$ _____
14. Other Business Debt a. Description _____	\$ _____
b. Description _____	\$ _____
15. TOTAL BUSINESS LIABILITIES/DEBTS (lines 9 through 14)	\$ _____
16. NET (Line 8 minus line 15)	\$ _____
17. Above personal and business real estate is in name of: _____	
18. Are you a co-maker, endorser or guarantor on any loan or contract? Yes _____ No _____ If "yes," for whom _____ To Whom _____	
19. Are there any unsatisfied judgements against you? Yes _____ No _____ If "yes," to whom owed _____ Amount \$ _____	

20. Other obligations (e.g., alimony, child support, separate maintenance) show on separate sheet.

C. PERSONAL ASSETS

PERSONAL CASH

- | | | <u>AMOUNT</u> |
|-----------------------------|-----------------|---------------|
| 21. Checking Account(s) | | |
| Name of Bank _____ | Account # _____ | \$ _____ |
| 22. Savings Account(s) | | |
| Name of Bank _____ | Account # _____ | \$ _____ |
| 23. Certificates of Deposit | | |
| Name of Bank _____ | Account # _____ | \$ _____ |

PERSONAL INVESTMENTS

- | | | |
|--|--------------------|----------|
| 24. Stocks/Bonds | | |
| Name of Company _____ | # of shares _____ | \$ _____ |
| 25. Real Estate | | |
| Location _____ | Your Cost \$ _____ | \$ _____ |
| 26. Cash Surrender Value of Life Insurance | | |
| Insurance Company _____ | | \$ _____ |
| 27. Other Personal Investments | | |
| a. Description _____ | | \$ _____ |
| b. Description _____ | | \$ _____ |

OTHER PERSONAL ASSETS

- | | |
|---|----------|
| 28. a. Description _____ | \$ _____ |
| b. Description _____ | \$ _____ |
| 29. TOTAL PERSONAL ASSETS (Add lines 21 through 28) | \$ _____ |

D. PERSONAL LIABILITIES/DEBTS

PERSONAL DEBT

- | | | <u>AMOUNT</u> |
|--|-----------------|---------------|
| 30. Credit Cards (combine amount due on all credit cards) | | \$ _____ |
| 31. Unsecured Bank Loans | | |
| a. Bank _____ | Account # _____ | \$ _____ |
| b. Bank _____ | Account # _____ | \$ _____ |
| 32. Home Mortgage(s) | | |
| a. Bank _____ | Account # _____ | \$ _____ |
| b. Bank _____ | Account # _____ | \$ _____ |
| 33. Other Personal Debt | | |
| a. Description _____ | | \$ _____ |
| b. Description _____ | | \$ _____ |
| 34. TOTAL PERSONAL LIABILITIES/DEBTS (Add lines 30 through 33) | | \$ _____ |
| 35. NET (Line 29 minus line 34) | | \$ _____ |

Everything I have stated in this financial statement is true and correct to the best of my knowledge. You are authorized to check my credit and employment history.

Signature

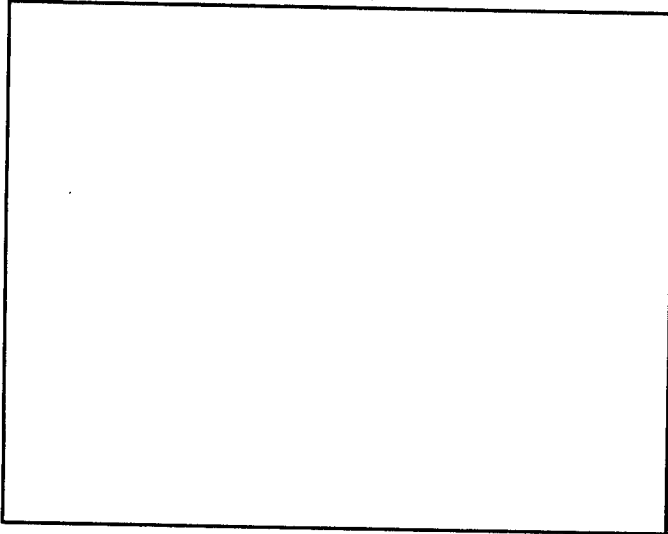
Date

Signature

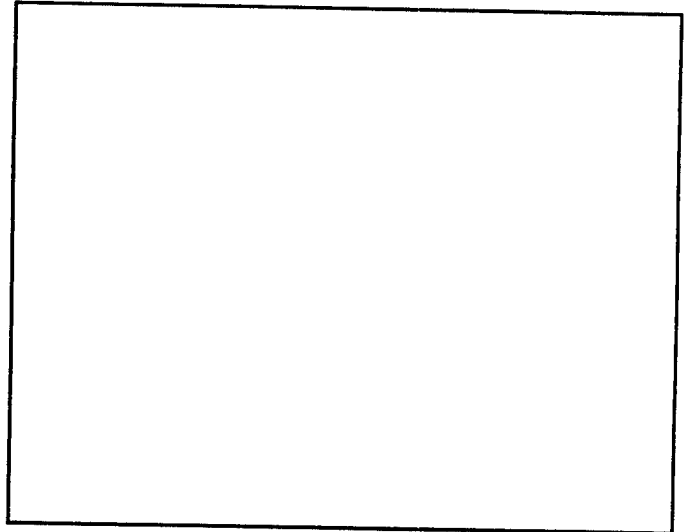
Date

Attach color photograph of at least polaroid size as indicated in the spaces below

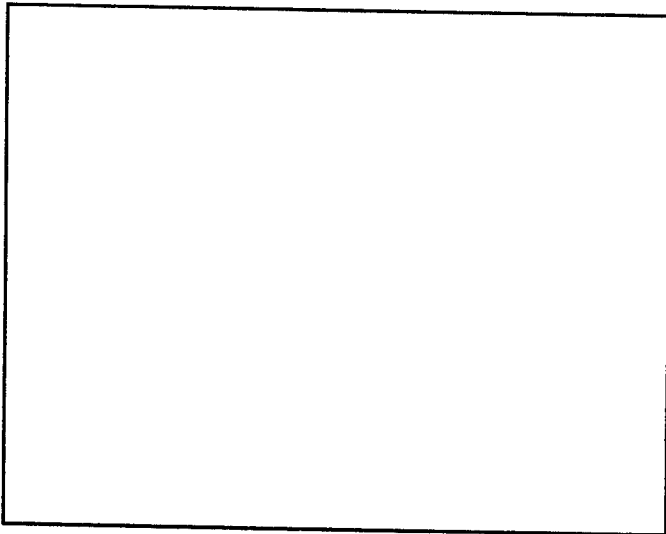
1. CLOSE UP PICTURE OF LOT SIGN
(RETAIL ONLY)



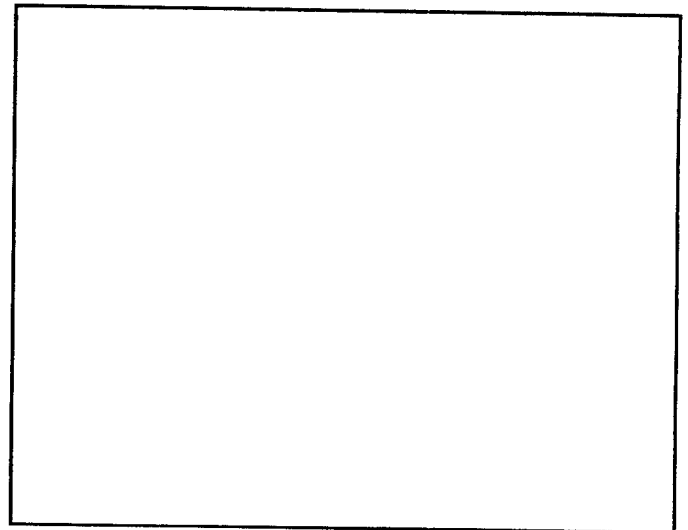
2. EXTERIOR & INTERIOR VIEW OF OFFICE



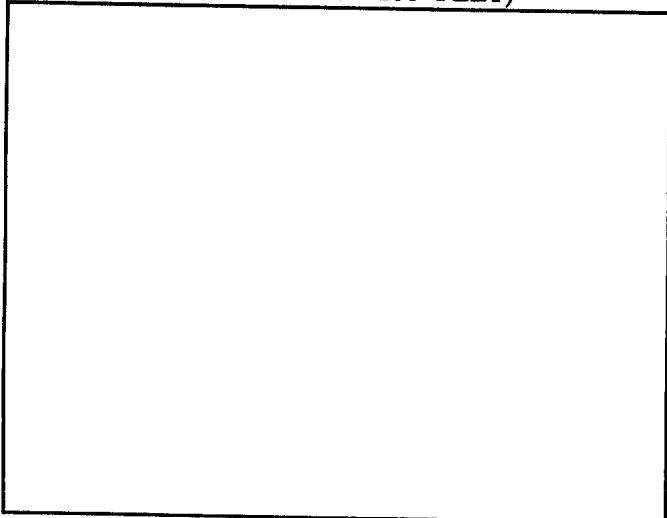
3. FRONT VIEW OF LOT



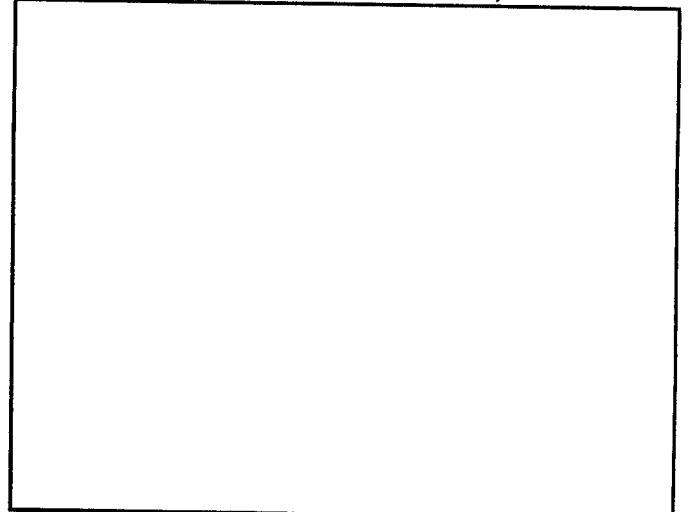
4. REAR VIEW OF LOT



5. RIGHT FRONT SIDE VIEW OF LOT
(TAKEN FROM AT LEAST 100 FEET)



6. LEFT FRONT SIDE VIEW OF LOT
(TAKEN FROM AT LEAST 100 FEET)



All applicants whether individuals, partnership, or principal officers of a corporation, must complete the following personal data form and sign a waiver authorizing the Motor Vehicle Commission to run National Criminal Information Checks on their past record, if any.

DATA FORM

- A. Full name: Last _____ First _____ Middle _____
- B. Date of birth _____ Place of birth _____ S.S.# _____
- C. Driver License # _____ State _____ Home Phone # _____
Cell Phone # _____
- D. Title/position with dealership _____
- E. Residential Address _____
- F. Have you ever been convicted of any criminal offense, (misdemeanor or felony) or are you under any order of any court? Yes _____ No _____. If yes, explain charge, disposition, location of the court and date of conviction:

- G. Have you ever been granted a dealer license in Kentucky or any other State? Yes _____ No _____
If yes, under what name, what year and what county? _____

- H. Have you been denied a dealer license license OR ever had a dealer license suspended or revoked in Kentucky or any other location?
If "Yes," give reason for action: _____

- I. Give complete name and address of all business bank accounts _____

WAIVER RELEASE FORM

I, _____, hereby authorize all persons who may be contacted by the Motor Vehicle Commission to release any and all information that they may have concerning my employment, credit, or criminal records.

(Signature of Applicant)

STATE OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SEAL)

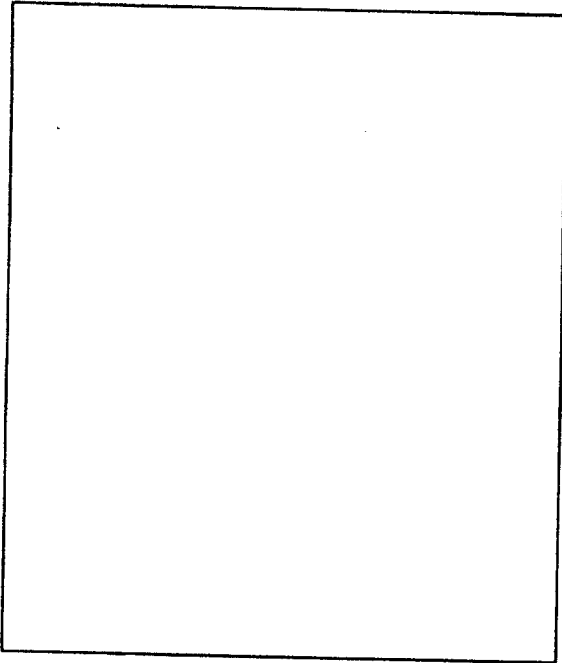
(Notary Public)

For EACH PERSON (owner, partner, officer, etc.) Filling out this data form, supply recent photograph and complete employment history on next page(s).

Photograph of each person named on Page 1, Item # 4.

(Use separate sheet for each person: sheets may be reproduced if necessary)

Photograph must be less than one (1) year old, must clearly show identity of each person depicted, and must be of at least polaroid size.



Name of Person Shown

EMPLOYMENT HISTORY

List each place of employment, etc., for past five (5) years, beginning with the most recent.

	Place of Employment	Address	Dates Worked	Job Title or Description
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

All applicants whether individuals, partnership, or principal officers of a corporation, must complete the following personal data form and sign a waiver authorizing the Motor Vehicle Commission to run National Criminal Information Checks on their past record, if any.

DATA FORM

- A. Full name: Last _____ First _____ Middle _____
- B. Date of birth _____ Place of birth _____ S.S.# _____
- C. Driver License # _____ State _____ Home Phone # _____
Cell Phone # _____
- D. Title/position with dealership _____
- E. Residential Address _____
- F. Have you ever been convicted of any criminal offense, (misdemeanor or felony) or are you under any order of any court? Yes _____ No _____. If yes, explain charge, disposition, location of the court and date of conviction:

- G. Have you ever been granted a dealer license in Kentucky or any other State? Yes _____ No _____
If yes, under what name, what year and what county? _____

- H. Have you been denied a dealer license license OR ever had a dealer license suspended or revoked in Kentucky or any other location?
If "Yes," give reason for action: _____

- I. Give complete name and address of all business bank accounts _____

WAIVER RELEASE FORM

I, _____, hereby authorize all persons who may be contacted by the Motor Vehicle Commission to release any and all information that they may have concerning my employment, credit, or criminal records.

(Signature of Applicant)

STATE OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SEAL)

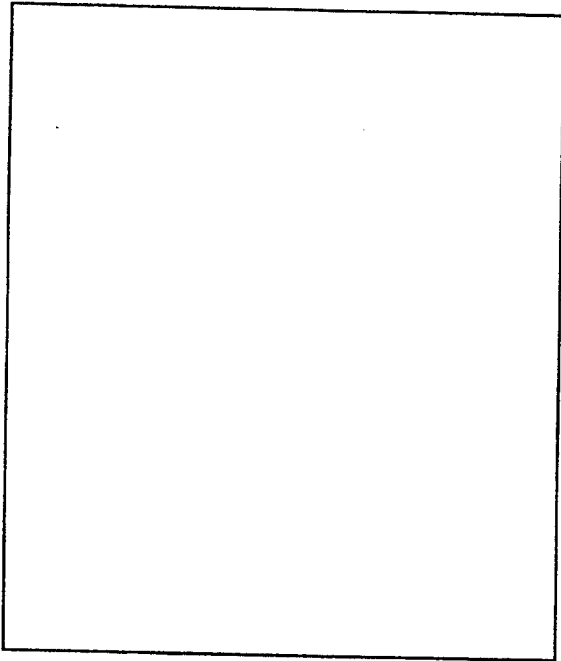
(Notary Public)

For EACH PERSON (owner, partner, officer, etc.) Filling out this data form, supply recent photograph and complete employment history on next page(s).

Photograph of each person named on Page 1, Item # 4.

(Use separate sheet for each person: sheets may be reproduced if necessary)

Photograph must be less than one (1) year old, must clearly show identity of each person depicted, and must be of at least polaroid size.



Name of Person Shown

EMPLOYMENT HISTORY

List each place of employment, etc., for past five (5) years, beginning with the most recent.

	Place of Employment	Address	Dates Worked	Job Title or Description
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

DRAWING OF THE PREMISES

11. In the space provided below make a detailed drawing of the lot showing the sales office, vehicle display/storage area, and dealership sign in relation to the nearest roadway.
(Give Dimensions)

12. COMMONWEALTH OF KENTUCKY

COUNTY OF _____, TO WIT:

The undersigned states that he/she is the applicant or the authorized signatory of the applicant, that he/she has an established place of business as that term is defined in KRS 190.035; That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the license for which this application is submitted, and/or criminal charges pursuant to KRS 523.100.

(Signature of Applicant)

State of Kentucky

County of _____

Subscribed and sworn to me before this _____ day of _____, 20 _____

My Commission expires _____

(Notary Public)

(SEAL)

PURSUANT TO KRS 190.063, ALL RECORDS OF THE COMMISSION ARE AVAILABLE
FOR PUBLIC INSPECTION.

Certificate To Do Business Under Assumed Name By Individual
—KRS 365.015—

This form is to be used only by an individual doing business under an assumed name.

FILE WITH COUNTY CLERK, OR, IF A PARTNERSHIP OR CORPORATION, USE FORM ON PAGE 7A AND FILE WITH SECRETARY OF STATE AND COUNTY CLERK,

TO WHOM IT MAY CONCERN:

This certifies that the business to be known as _____
Name
_____ located in _____ County,
Address

Commonwealth of Kentucky, is owned and operated by _____
Name
_____ Address

Signature

Title

COMMONWEALTH OF KENTUCKY)

COUNTY OF _____)

I, _____, Notary Public in and for the State and
County indicated above, do certify that the foregoing instrument of writing was this date presented to
me by _____, who delivered, signed, and acknowledged
same to be (his-her) act and deed.

Witness my hand and seal this _____ day of _____, 20 _____

My commission expires: _____

County Clerk

NOTARY PUBLIC

Date of Filing

COMMONWEALTH OF KENTUCKY

SECRETARY OF STATE



CERTIFICATE OF ASSUMED NAME

This certifies that the assumed name of

_____ [Name under which the business will be conducted]

has been adopted by _____

_____ [Real name-KRS 365.015(1)]

which is the "real name" of [you must check one]

_____ a Domestic General Partnership

_____ a Foreign General Partnership

_____ a Domestic Registered Limited Liability Partnership

_____ a Foreign Registered Limited Liability Partnership

_____ a Domestic Limited Partnership

_____ a Foreign Limited Partnership

_____ a Domestic Business Trust

_____ a Foreign Business Trust

_____ a Domestic Corporation

_____ a Foreign Corporation

_____ a Domestic Limited Liability Company

_____ a Foreign Limited Liability Company

_____ a Joint Venture

organized and existing in the state or country of _____, and whose address is

_____ Street address, if any

_____ City

_____ State

_____ Zip Code

The certificate of assumed name is executed by

_____ Signature

_____ Signature

_____ Signature

_____ Signature

_____ Signature

_____ Signature

(see attached sheet for instructions)

Certificate of Assumed Name Filing Instructions

ASSUMED NAME

The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name previously filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

NOTE: KRS 365.015(3) requires the certificate of assumed name for and individual (sole proprietorship) to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provision of KRS Chapter 355.

REAL NAME

The "Real Name" is defined as follows:

- (1) The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- (2) The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362;
- (3) The real name of a Domestic Limited Partnership is the name state in its Certificate of Limited Partnership filed pursuant to KRS Chapter 362;
- (4) The real name of a Domestic Business Trust is the name set forth in its Declaration of Trust;
- (5) The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- (6) The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- (7) The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- (8) The real name of a Foreign Registered Limited Liability Partnership is the name stated in its statement of foreign registered limited liability partnership filed pursuant to KRS Chapter 362;
- (9) The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060;
- (10) The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious Name adopted for use in this state under KRS 275.410.

NOTE: Kentucky characterizes a Joint Venture as a form of a partnership. Therefore, if a Joint Venture is conducting business under a name that does not include the real name of one of the partners, it must also file a certificate of assumed name with the Secretary of State.

WHO MAY SIGN

The Certificate of Assumed Name must be signed by:

- (1) at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership (also includes a Joint Venture);
- (2) at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- (3) a general partner of a Domestic or Foreign Limited partnership;
- (4) the trustees of a Domestic or Foreign Business Trust;
- (5) any person authorized to act for the Domestic or Foreign Corporation;
- (6) a member or manager authorized to act for the Domestic or Foreign Limited Liability Company.

NUMBER OF COPIES

Submit the original signed Certificate and at least one exact or conformed copy (may be a photocopy). All file-stamped copies will be returned to you as evidence of filing. One file-stamped copy must then be filed with the county clerk of the county where the entity is deemed a resident for the purposes of and under the provisions of KRS Chapter 355.

FILING FEE AND MAILING ADDRESS

The filing fee is \$20.00

Your check should be made payable to the "Kentucky State Treasurer".

MAILING ADDRESS

Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601

WEB SITE ADDRESS

Our home page address is: [//www.sos.state.ky.us](http://www.sos.state.ky.us)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2 and then press 5 or try our web site.

NOTE: An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

LEASE

I/WE _____
Type Name & Mailing Address of Property Owner

AGREE TO LEASE TO _____
Type Applicant's Name & Mailing Address

THE FOLLOWING PROPERTY LOCATED AT _____
Type Address of Established Place of

_____ FOR A PERIOD OF ONE YEAR, BEGINNING ON
Business To Be Used as Car Lot

_____. THE CONSIDERATION TO BE PAID IS
Type Date Lease Begins

\$ _____ PER MONTH.

MADE AND ENTERED INTO THIS _____ DAY OF _____, 20 _____

BY AND BETWEEN _____, PROPERTY OWNER, AND

_____, TENANT.

Lessor Signature

Lessee Signature

State Of Kentucky

County of _____

Subscribed and Sworn to Before Me by _____ and _____

This _____ Day of _____, 20 _____

My Commission Expires: _____

Notary Public

COMMONWEALTH OF KENTUCKY
Motor Vehicle Commission
Frankfort, Kentucky 40622

This is to certify that the _____ County/City
Name of County/city

zoning authority has authorized the following address:

Street Address of Dealership

as **legally fit as a Motor Vehicle Dealer location**, at which the business of a vehicle dealer, including the **DISPLAY AND REPAIR OF VEHICLES**, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

Signature of County Judge Executive
or Chief Zoning Official

Date:

Restricted/Automotive Recycling Dealer Applicants Only

You must supply the information requested below. In addition, please have the appropriate zoning official sign Item 4, below to certify that the proposed business complies with all local zoning laws.

1. If you are operating an automobile, vehicle, machinery or material recycling yard, you must either have a permit from the Kentucky Transportation Cabinet/Kentucky Department of Highways (502-564-4556) to operate that business or you may be exempt from the requirement to have a permit to operate that kind of business because of one of the following reasons:

- _____ The place of business is over one thousand (1,000) feet from the right of way line of any road; OR
- _____ The place of business is located in an industrially zoned area and is a conforming land use under applicable ordinances; OR
- _____ The applicant has less than ten (10) junked, wrecked, or nonoperative vehicles parked, placed or otherwise located at the place of business at any one time.

2. If you have a Highway Department permit as described above, please provide a copy of that permit when you return this application.

3. If you are exempt from the Highway Department permit requirement because of one of the reasons shown in Item 1, above, please specify which of those reasons applies to your business.

4. Zoning Certification for Restricted/Automotive Recycling Dealer

If page 1 of this application shows that a restricted/automotive recycling dealer license is sought, the following certification must be made by the appropriate zoning official (or other official if the locality has no zoning).

This is to certify that the _____ County/City zoning authority has authorized the following address:

(street address of dealership)

as suitably and legally fit as a location from which the applicant may engage in the business of dismantling, salvaging, or recycling salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

Signature of Appropriate Official

Title

Date

Dealer/Applicant Name _____